FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	STATEMENT
CHECK ONE:		DR-1	OF
This is an initial* Statement of Organization	Reset Form	(Rev. 01/2009)///	ORGANIZATION
☐ This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the come	mittee's accepting contributions	For Office Use	Only SUP -
making expenditures, or incurring indebtedness exceeding \$750. Amendme	nts must be filed within 30 days of	2000 84 p	By Jane
a change. Penalties may be imposed for late-filed Statements of Organizatic committee that exceeds \$750 in activity for another office shall file within 10 to	on. A candidate with an open	Audited / /	AM Q- 21
DR-1 disclosing information concerning the campaign for the new office sough	other PM 9.16.09	Computer	J. Jl
COMMITTEE NAME \(\psi\) (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name,			
put old name in ().			
Mc Grane for District 3			
IMPORTANT: Indicate type of committee you are reporting for: 6			
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee			
(5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	atory except for a	candidate's committee)
Shirley a. Miller	Name token S.	Those	re
Mailing Address + lashing Address A. Del 18.	Mailing Address	4:11 =	Day 15
City, State ↓ ↓ Zip Code ↓ ↓ /	City, State 1 Zip Gode 1	reas -	1000
Cedar Rapides, toma 5243	Edar Rapide Joura 53403 Pedar Rapide Joura 52403		
Phone (3/9) 364-0922	Phone 3/9 366-	5908	
e-Mail M5hvrla. nne Papli Com			
INDICATE PURPOSE OF COMMITTEE - Check One Box M. Adva	e-Mail	dvocate for hallot iss	216(c)
Comment or description: The please of the property of the plant of the property of the plant of) W CANLIST A	dvocate against ball	ot issue(s)
All Candidates Enter: Office Sought: Lety Commissiones!	County/Local Candidates a	nd Local Ballot Co	mmittees Enter:
/ . / .	County: Sere		
Political Party (if applicable) // /A	(If active in multiple ballot iss		list of counties
District: 0	Date of Election:	3-09	1
			i
Year Standing for Election: 2009 Bank Account Name (must match committee name)			if analicable)
Bank Account Name (must match committee name)	Candidate name & Address or P		. if applicable).
Bank Account Name (must match committee name) Mc Llere Lee On Truck	Candidate name & Address or P	arent Entity (PACs	if applicable).
Pear Standing for Election: 200 9 Bank Account Name (must match committee name) Mc License Los Ocatreel Name of Financial Institution/type of Account	Candidate name & Address or P	arent Entity (PACs	if applicable).
Mc Leve Low Ocatreed 8	Candidate name & Address or P	arent Entity (PACs	if applicable).
Mc Lience Low Outreel Name of Financial Institution/type of Account	Candidate name & Address or P	arent Entity (PACs	if applicable).
Name of Financial Institution/type of Account Simulates Credit Union	Candidate name & Address or P	arent Entity (PACs iffiliate, or Sponsor AC	
Margin of Financial Institution/type of Account Western Street	Candidate name & Address or P	arent Entity (PACs iffiliate, or Sponsor AC	
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Bank Account Name (must match committee name) Mc Stresse Lew Outreel Name of Financial Institution/type of Account Summa Rea Credit Union Mailing Address + Blass Jessy Clife City + State + Zip + City State + Stress Stress STATEMENT OF AFFIRMATION: By filing this document the committee affin	Candidate name & Address or P Lescy Re, Mariling Address + + + LIOS 8 St City + + City + Ray Phone (3/9) 202- e-Mail Jerry and grant the following:	arent Entity (PACs Iffiliate, or Sponsor LEAN State LOSS LANCE CARROLLE LOSS LANCE CARROLLE C	Zip + + Oews 52403 Yahoo. Com
Bank Account Name (must match committee name) Margin of Financial Institution/type of Account	Candidate name & Address or P Lescy Re, Mariling Address + + + LIOS 8 St City + + City + Ray Phone (3/9) 202- e-Mail Jerry and grant the following:	arent Entity (PACs Iffiliate, or Sponsor LEAN State LOSS LANCE CARROLLE LOSS LANCE CARROLLE C	Zip + + Oews 52403 Yahoo. Com
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Name of Financial Institution/type of Account Name of Financial Institution/type of Account Mailing Address City State STATEMENT OF AFFIRMATION: By filling this document the committee affirm 1. The committee and all persons connected with the committee understand that the rules in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filling of disclosus subjects the candidate or chairperson (in the case of committees other than a candimposition of other criminal and civil sanctions. 3. That lowa Code section 68A.405 and rules 351—4.38 through 4.43 require the materials except for those items exempted by statute or rule. A committee that wis does not intend to cross the \$750 filling threshold shall file the Form DR-SFA form if 4. That lowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit the lesue PACs. 5. A candidate and a candidate's committee may only expend campaign funds as 6. That the committee will continue to file disclosure reports until all activity has cedissolution (DR-3) has been filed.	Candidate name & Address or P Malling Address City Phone (3/9) e-Mail e-Mail permittee) to the laws in lowa Cook are reports and that the failure to file the didate's committee) to the automatic as placement of the words "paid for by" are these to register a committee name for paid ilieu of filling this form. receipt of corporate contributions by all permitted by lowa code sections 68A.3	arent Entity (PACs affiliate, or Sponsor State Control State Control	Zip ↓ ↓ OLUCI 52463 Lychoo. Com 688 and the administrative one the required due dates analty and the possible mmittee on all political shorter "paid for by" and for statewide and local ballot and rule 351—4.25.
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